

## APPLICATION FOR SPECIAL ORGANIZATION REGISTRATION PLATE

For Department Use Only Bureau of Motor Vehicles • P.O. Box 68266 • Harrisburg, PA 17106-8266

**□**YES Check One: Leased Vehicle:

NOTE: If the vehicle is a leased vehicle, Form MV-1L, "Application for Lessee Information," must be completed and attached. Form MV-1L is available on our

|         | Title Number  | Registration Plate Number                            |                   |                      | ly as information appears on current registration of Make of Vehicle |                                | Year           |
|---------|---|--|-------------------|----------------------|--|--------------------------------|----------------|
|         | THO HATISOT   | Trogication Flate Number                             | Expiration        | Expiration Bate      |  | wake of veriloid               |                |
|         | Last Name (Or Full Business Name)   | Name (Or Full Business Name) First Name              |                   | Middle Name          |  | PA DL/Photo ID#<br>or Bus. ID# |                |
|         | Street Address - Must list a street addres  | s. P.O. Box # alone is not acceptable.               | City              | State                | Zip Code   | Telephone Number Home ( )      | er             |
|         | NOTE: In conjunction with replacem<br>\$2 for each card. Number of Duplic               | cate Registration Cards Request                      |                   |                      | additional regis   | stration cards are de          | sired, the fee |
| }       | TO BE COMPLETED BY ORGANIZATION OFFICIAL  |  |                   |                      |  |                                |                |
|         | NAME OF ORGANIZATION  |  |                   |                      |  |                                |                |
|         | Name of Organization, Chapter, Post, Lo   | dge, Employer, etc.                                  |                   |                      |  | Telephone Number               |                |
|         | Street Address  | City   | State             |                      | Zip Code   |                                |                |
|         | TO BE COMPLETED BY ORGANIZATION OFFICIAL (See special instructions below.)              |  |                   |                      |  |                                |                |
| 1       | Language Communication of the Communication of the                                      | Section A is a member in good sta                    | inding of the orc | ganization listed in | Section B.   |                                |                |
| _       | I certify that the individual named in  |  |                   |                      |  |                                |                |
| _       | Name of Organization Offi   | cial   | Title             |                      |  | Signature                      |                |
| <u></u> |   | cial   | Title             |                      |  | Signature                      |                |
| )       | Name of Organization Offi   | this application is TRUE AND COR                     |                   | t when I cease to b  | e a member of  |                                | ganization, I  |
| _       | Name of Organization Offi  APPLICANT SIGNATURE  I certify that all information given on | this application is TRUE AND COR                     |                   | t when I cease to b  | e a member of  |                                | ganization, I  |
|         | Name of Organization Offi  APPLICANT SIGNATURE  I certify that all information given on | this application is TRUE AND COF<br>late to PennDOT. | RRECT and tha     |                      |  | the above named or             | ganization, I  |

- Payment is to be made by check or money order payable to Commonwealth of Pennsylvania. DO NOT SEND CASH. NO REFUND of the fee will be issued when an applicant cancels a request after an order is placed.
- No special organization registration plate will be duplicated. If your plate is lost, stolen or defaced you will need to reapply for a special organization registration plate by completing this application and submitting with the appropriate fees. Should you need an immediate replacement registration plate, please complete and submit Form MV-44, "Application for Duplicate Registration Card, Replacement of Registration Plate or Weight Class Sticker," with a fee of \$11. A standard issued registration plate will be issued until the replacement special organization registration plate can be provided. (NOTE: Form MV-44 is available on our website at www.dmv.pa.gov.)
- Requests for special organization registration plates are restricted to passenger vehicles, trucks with a registered gross weight of not more than 14,000 lbs., motor homes, and trailers. Motorcycles do not qualify for special organization registration plates.
- This application, completed in full, along with a check or money order should be mailed to: Bureau of Motor Vehicles, Special Organization Plate Program, P.O. Box 68266. Harrisburg. PA 17106-8266.
- When the applicant ceases to be a member in the organization or ceases to be a notary public as listed in Section B, the registration plate must be returned to PennDOT. Complete Form MV-44 and submit a fee of \$11 for the issuance of a regular series registration plate.
- This special organization registration plate is issued in number sequence only and may not be personalized.
- · All telephone numbers will be held in confidence and used only in the event of a problem with your application.
- To avoid possible problems with citations with your old registration plate, return it to: Bureau of Motor Vehicles, Return Tag Unit, P.O. Box 68597, Harrisburg, PA 17106-8597 after you have received your special organization registration plate.

## SPECIAL INSTRUCTIONS - SECTION C

If the applicant is a notary applying for a notary public registration plate, the applicant's notary seal must be affixed in this section instead of an official's signature.